

IBFAN Comment on the Proposed Draft Revision of the Guidelines on Formulated Complementary (Supplementary) Foods for Older Infants and Young Children (CAC/GL 08-1991) at Step 4

IBFAN thanks Ghana for chairing the EWG and their work on the development of draft guidelines and for the opportunity to comment on the proposed revision of guidelines on Formulated Supplementary Foods for Older Infants and Young Children CAC/GL 08-1991

IBFAN wishes to make the following general comments regarding this proposed work.

1. The proposed work needs to clearly establish how the revision of FSFs as an additional set of guidelines in addition to the Standard for processed cereal-based foods for infants and young children (CODEX STAN 074-1982. Rev. 1-2006) will improve the quality and safety as well as the nutritional status of older infants from the 7th month of age and young children to the age of 36 months.
2. IBFAN continues to be concerned that the proposed guidelines will increase the burden of the need for regulation of yet another category of products for infants and young children; the monitoring of marketing practices; the impact on nutritional status and health outcomes; as well as enforcement on the part of governments where resources are scarce. Ferguson and Darmon, in their analysis of traditional versus fortified foods, note that the use of fortified foods is not advised, “where there is an absence of effective governmental regulatory infrastructures”.
 - i. Ferguson EL, Darmon N. Traditional vs. Manufactures Baby Foods. In Agostini C, Brunser O. Eds. Issues in Complementary Feeding. Nestle Nutrition Workshop series. Pediatric Program, Vol 60, 2007.
3. The provisions of the proposed draft revised guidelines for formulated complementary foods do not need to differ significantly from the standard for processed cereal-based foods for infants and young children (CODEX STAN 074-1981 Rev. 1-2006) and can readily be incorporated into the existing standard. Additionally a standard is more binding than mere guidelines. Foods for older infants and young children need rigorous and enforceable standards to protect against improper and needless use, chemical contaminants, inferior quality, microbiological contamination and inappropriate marketing and misleading labelling.
4. A wide range of core ingredients ranging from cereal grains, starchy roots, pulses and milks and a full complement of vitamins and minerals for the purpose of fortification of these products is permissible under the CODEX STAN 074-1981 Rev. 1-2006. The wide range of ingredients and added nutrients can easily meet the nutrient

and energy density levels recommended to meet the needs of all older infants and young children.

5. Similarly appropriate serving sizes can readily be addressed through the labeling provisions of the standard for processed cereal-based foods (CODEX STAN 074-1981 Rev. 1-2006).
6. IBFAN is also concerned about the impact on consumer decision-making – we are concerned that additional guidelines will create product confusion in the market place. We are concerned that these guidelines will distort parental understanding of good infant and young child nutrition. Additionally that the amplified product availability will increase reliance on commercial products especially where resources are scarce. Product reliance also affects taste palettes, and contributes to an increase in the double burden of malnutrition – both over and under nutrition. The increased availability of commercial fortified complementary foods for infants and young children for various “uses” is already creating considerable confusion for parents, care-givers and health care providers. Parents will not be able to differentiate between products marketed under the proposed guidelines and those falling under the current standard for cereal-based foods.
7. The availability of increased commercial fortified complementary food products in the market place can result in the competition of these foods with the recommended duration of sustained breastfeeding from 6 to 24 months. Although the introduction of complementary foods is recommended after the age of six months, breastmilk remains the most important food, providing optimal micronutrients, immunology, and meets an infant’s protein needs for the first 12 months of life. Additionally breastfeeding provides important child spacing and psychological stimulation critical for cognitive development. These important health and developmental outcomes cannot be replicated in fortified complementary foods, while the benefits of the fortified food products are frequently overrated. Limiting the number of products available and marketed for 6 to 36 months reduces the risk of breastmilk replacement.
8. The marketing and labeling of all complementary feeding products needs to be in full conformity with the *International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions* to ensure that all marketing and labeling of these products are controlled and that recommended breastfeeding practices and the use of energy dense and high nutrient local, culturally appropriate foods are protected. There should in any case be no health or nutrition claims or any idealizing pictures or text permitted on these products. They should also include a clear recommendation regarding the importance of continued

- breastfeeding to two years and beyond, after exclusive breastfeeding for the first six months, and very clear instructions to ensure that the product is not used at too early an age or used inappropriately (i.e. in a bottle). Guidelines have less authority to enforce labeling and marketing standards.**
- 9. IBFAN recommends that a “Part C” (similarly to what is being proposed by India “Part B”) or an Annex to CODEX STAN 074-1981 Rev. 1-2006 for processed complementary foods as the way forward. A “Part C” can accommodate any required changes to meet a wider scope of specific needs for the feeding of older infants and young children as expressed by the Ghana proposal. This will reduce some of the concerns expressed above.**
 - 10. Independently funded research into the efficacy of fortified complementary foods as compared to optimal breastfeeding practices and the use of nutrient rich and energy dense local, culturally appropriate foods is needed to determine if optimal growth and developmental is achieved by fortified commercial complementary food products. The proposed draft guidelines assume that local family foods are nutritionally insufficient. Yet the majority of children grow and develop well on breastmilk, complemented with a diet of diverse local family foods after six months of age. The etiology of malnutrition is complex. Until such research is available and clearly confirms an efficacy of these foods with no unintended and unacceptable consequences, older infants and young children should not be subject to mass feeding trials, which displace nutrient rich local family foods and may decrease breastmilk intakes.**
 - 11. It has been demonstrated that interventions to ensure optimal nutritional status and prevent under nutrition can be achieved by improving breastfeeding rates and the use of indigenous energy dense and nutrient rich complementary foods. Optimal feeding, combined with nutrition education and primary health such as the elimination of parasites and the treatment and prevention of malaria are the most effective and least costly in improving nutritional status and child health. The use of costly, commercial fortified products is not sustainable and uses scarce resources in resource poor situations. Previous attempts to improve young child nutritional status and prevent under nutrition with fortified commercially manufactured “mixes” have not been successful.**
 - 1. Black R E et al. Maternal and Child undernutrition. Global and regional exposures and health consequences. Lancet 2008; 371: 243-60**
 - 2. Lauer JA et al. Deaths and years of life lost due to suboptimal breast-feeding among children in the developing world: a global ecological risk assessment. Public Health Nutrition, 2006; 9(6):673–685**

3. WHO. Indicators for Assessing Infant And Young Child Feeding Practices for peer review. Conclusions of a consensus meeting held 6-8 November 2007 in Washington D.C.

12. **Undernutrition and malnutrition is highest in the poorest countries of the world, where national legislation to monitor the importation, nutritional and hygienic quality, the labeling and the marketing and importantly the use of these products may be very difficult. Scarce trained human resources and financial capacity to administer the safety and use of these products may seriously compromise national capacity for more effective and sustainable means to address nutrition needs for older infants and young children. Infants who are breastfed for the recommended time have fewer micronutrient deficiencies, suffer fewer respiratory and diarrhoeal diseases and are at much lower risk of malnutrition or obesity. This is not just a result of exclusive breastfeeding up to 6 months, but the fact that breastmilk can provide about half an infant's energy needs between 6 and 12 months, and one-third of energy needs between 12 and 24 months, as well as a high proportion of their Vitamins A and C needs and 50% of iron.**